

**CALIFORNIA  
PRISON HEALTH CARE  
RECEIVERSHIP CORP.**

Robert Sillen  
Receiver

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I am pleased to announce that yesterday I submitted a Plan of Action to U.S. District Court Judge Thelton E. Henderson that lays out a comprehensive vision for the constitutional prison medical care system that will be created under the Receivership.

The Plan of Action is the first of its kind released by the Receiver's Office. It is a health care document, not a fact-finding report. It delineates long-term goals for the prison medical care system as well as specific projects that will be undertaken in the next two years.

The plan is comprehensive, responsible and best of all, achievable. It reflects the stellar thinking and experience of my team of health care and corrections experts. It is truly a bright spot, filled with real solutions.

Barring the success of efforts to derail it, the plan will result in a system that provides quality, timely, accessible and efficient care to California's thousands of inmate patients. The new system will eliminate the unconscionable human suffering currently taking place in our prisons, and make California communities safer from disease as inmates revolve in and out of the institutions. Furthermore, taxpayers will get better value for their dollars when we are able to deliver medical care in an organized, standardized and cost-effective manner. Good care is less costly than bad care. Implementation of the plan will ensure the reestablishment and protection of inmates' constitutional rights.

The conceptual underpinning of the plan is rooted in the Institute of Medicine's recent work, in response to the quality crisis within mainstream American health care, which represents the most up to date thinking in terms of health care and organizational change.

The Plan of Action also is informed by a year of confronting the challenges unique to California Department of Corrections and Rehabilitation (CDCR). In that vein, it notes that significant barriers exist to achieving the plan's goals, ranging from the chaotic state of CDCR operations, prison culture that devalues inmates, poor working conditions and punishing physical environments, to the lack of sufficient staff and leadership, resistance from entrenched interests that do not want the change to occur, state bureaucracy and last but not least, prison overcrowding. The 50-page plan is a first installment. An updated version is due to Judge Henderson on November 15 2007.

The plan states that "the overall goals of a constitutionally adequate prison medical care system are to reduce unnecessary morbidity and mortality, improve inmates' health status and functioning, coordinate care with mental health and dental, and protect public health."

I invite you to read the Plan of Action, accompanying Motion and Receiver's Report on the Plan of Action in full, by visiting the California Prison Health Care Receivership web site at [www.cprinc.org](http://www.cprinc.org). The documents are posted in the Court Materials section under Receiver's Reports. The web site is an excellent source of information and updates about the Receivership, please visit it often.

This is a truly exciting time for medical care in our prisons and I look forward to working together with you to achieve the goals laid out in the Plan of Action, which reflects the hard work of so many who have joined in the effort to bring California's prison medical care system up to constitutional standards. Here are some features of the plan.

***Highlights of the vision for a new prison medical care system include:***

- Establish crisis response teams made up of clinicians and administrators to travel to institutions experiencing medical crisis.
- Create smaller regions made up of three to five prisons (currently, CDCR divides the 33 prisons into three regions containing about 11 prisons each) managed by a new group of clinical and administrative leaders.
- Create a quality control mechanism to measure care quality and access.
- Develop monthly medical score cards for each prison.
- Take the first steps toward creating an electronic medical record for each patient. This includes building an IT infrastructure to allow Internet access, connectivity between departments and availability of health care data for decision makers.
- Implement a significant human resources program to recruit, hire, train and retain essential medical staff.
- Tighten up CDCR's health care budgeting and accounting practices, overhaul financial management and record keeping, ensuring accountability and responsible stewardship of taxpayer resources.
- Pilot health care access teams to improve each prison's capacity to provide custody escort and transport for medical services, on and off-site.
- Evaluate clinical space needs at all 33 prisons.

***The plan also discusses clinical initiatives to improve patient care in areas including:***

- Pain management
- Chronic care
- Peer education on infectious disease and prevention
- Pre-natal care and post-delivery services
- Telemedicine for specialty services
- Long-term care for aging and disabled inmates
- Public health – communicable disease prevention and response
- Pharmacy
- Nutrition
- Ethics
- X-Ray and laboratory services
- Quality and safety, evaluation and measurement
- Physician clinical review and discipline

In a Motion filed along with the Plan of Action, I recommend specific changes to previous court orders in *Plata v. Schwarzenegger*, the case in which Judge Henderson found that California's prison medical care system violates the Eighth and Fourteenth Amendments of the U.S. Constitution, which prohibit cruel and unusual punishment and lack of due process, respectively. Prior to the Receivership, the State had entered into stipulated agreements with the court to complete certain improvements in prison medical care. The State's failure to fulfill those commitments prompted Judge Henderson to create the Receivership. Now the Plan of Action serves as the road map for change. After considering 61 *Plata* stipulations, I have recommended that the Court preserve all 28 of those that spell out standards of care, eliminate 17 that directed CDCR's implementation of changes -- as many of these were never done, didn't work, or conflict with the Plan of Action -- and modify one stipulation regarding institutional monitoring and inspections.

There is a lot to do, and it will take a substantial amount of time, dedication and creativity to get there. Remember, all of our actions have one bottom line in mind: ***To create a system where custody and health care staff together guarantee that access to care and quality of medical services in California prisons meet constitutional standards.***

Together, we can make change and create a medical system of which we can all be proud.

Sincerely,



Robert Sillen  
Receiver

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